



INITIAL APPRENTICE OCCUPATIONAL EDUCATION LICENSE

HEALTH SCIENCE

1. A completed application found at:
<http://www.state.tn.us/education/lic/doc/ed2984.pdf>
2. Verification of three years full time, successful work experience within the past five years in a state approved health care facility.
 - Must be documented by the applicant's employer(s) on company letterhead or documented and notarized on the Occupational Employment Verification Form found at:
<http://www.state.tn.us/education/lic/doc/ed5334.pdf>
 - Must have occurred within five years of application date
3. Submit official transcript(s) with degrees earned in your Health Science area. Health Science applicants must hold an associate degree or higher. Do not send transcripts separately from application packet.
4. Submit a notarized copy of your current/valid Tennessee Nursing or Allied Health license.

710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

United States SSN - required		First Name	Middle Name	Last Name	Maiden Name/other last name aliases	
Date of Birth-required	Gender	Street/P.O. Box		City	State	Zip Code
Telephone Number - include area code		E-mail address - Must provide to receive notification of license issuance			Cell Phone Number/Alternate Phone Number	

1. Ethnicity - Choose one	Hispanic or Latino _____ Not Hispanic or Latino _____
2. Race - Choose one or more	American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian - Other Pacific Islander _____ White _____

1. Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?
 _____ YES _____ NO

2. Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?
 _____ YES _____ NO

3. Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license expire does not apply)?
 _____ YES _____ NO

4. Is there any action pending against your certificate/license or application in another state?
 _____ YES _____ NO

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

TRANSACTION (S) REQUESTED. (Check and complete following page(s) if applicable)

INITIAL LICENSE-TN Institutions Only (Apprentice, Apprentice Special Group, Beginning Administrator, or Instructional Leader) circle one
OUT OF STATE LICENSE (Program completers outside of TN / USA or applying based upon interstate agreement)
NON-PUBLIC SCHOOL LICENSE (Employment verification required)
TRANSITIONAL LICENSE (Requires signature from TN Director of Schools and verification from approved institution/agency)
INTERIM "B" LICENSE (Requires signature from Director of Schools, and verification from Dean of Education/Certification Officer at teacher preparation institution)
INTERIM "D" LICENSE (Internship) (Requires signature of Dean of Education at teacher preparation institution)
OCCUPATIONAL EDUCATION LICENSE (Apprentice Occupational)
PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Director of Schools, nonrenewable)
JROTC LICENSE (Requires signature from TN Director of Schools)
SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/LANGUAGE TEACHER OR SCHOOL AUDIOLOGIST
NATIONAL BOARD CERTIFICATION

ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL (Professional, or Professional School Service Personnel) circle one
 ADVANCEMENT FROM ALTERNATIVE "A" OR ALTERNATIVE "C" OR ALTERNATIVE "E" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
 ADVANCEMENT FROM INTERIM "B" TO APPRENTICE LEVEL (Apprentice or Out of State) circle one
 ADVANCEMENT FROM INTERIM "D" TO APPRENTICE LEVEL
 ADVANCEMENT FROM ALTERNATIVE "I" OR ALTERNATIVE "II" (Apprentice or Out of State or Professional) circle one
 ADVANCEMENT FROM TRANSITIONAL (Interim B, Apprentice or Professional) circle one
 ADVANCEMENT FROM APPRENTICE OCCUPATIONAL TO PROFESSIONAL OCCUPATIONAL LICENSE
 CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
 ADVANCEMENT TO PROFESSIONAL LEVEL ADMINISTRATOR LICENSE

_____ RENEWAL OF LICENSE (Check one)
 _____ 5 Year License (Apprentice/Apprentice Special Group/Out of State) _____ JROTC _____ 10 Year License (Professional/Professional Special Group)
 _____ Administrator License (Beginning/Professional) _____ 5 Year Apprentice Occupational License _____ 10 Year Professional Occupational License
 _____ Alternative A (Speech Lang. only) _____ Interim B _____ Interim D _____ Transitional _____ National Board Certification
 _____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
 _____ Masters Degree _____ Master's Degree + 30 semester graduate hours _____ Education Specialist _____ Doctorate Degree
 _____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
 _____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change) Social Security card n/a
 _____ ADDRESS CHANGE NOTIFICATION

APPLICANT NAME _____ SOCIAL SECURITY NUMBER _____

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

☐ APPLICATION FOR INITIAL OCCUPATIONAL EDUCATION LICENSE
☐ QUALIFICATION SHEET-**both sides**
☐ FULL-TIME EMPLOYMENT VERIFICATION
☐ EDUCATION VERIFICATION
 ☐ College Transcript ☐ High School Transcript ☐ GED Scores
☐ INDUSTRY CERTIFICATION
 ☐ Trade & Indu ☐ Cosmetology and/or Barbering Instructor ☐ Registered Nurse or Allied Health

507 COLLISION REPAIR TECHNOLOGY	576 RADIO/TV BROADCASTING
508 AUTOMOTIVE TECHNOLOGY	577 HEALTH SCIENCE/OCCUPATIONS
512 AIRCRAFT MAINTENANCE	581 DIESEL EQUIP TECHNOLOGY
522 CARPENTRY	584 WELDING AND CUTTING
523 ELECTRICITY	590 LEGAL & PROTECTIVE SERVICES
524 CONCRETE/MASONRY	591 JOBS FOR TN GRADS
527 PLUMBING	594 AVIATION GROUND SCHOOL
531 DRAFTING/CAD	595 TECHNOLOGY INFRASTRUCTURE
543 GRAPHIC COMMUNICATIONS	596 MANUFACTURING TECHNOLOGY
561 COSMETOLOGY	597 ELECTRONIC MEDIA
562 CULINARY ARTS	598 HVACR
568 LEISURE CRAFT TECH	

____ INDUSTRY CERTIFICATION (required for all additional endorsement areas)
 ____ Trade & Indu ____ Cosmetology and/or Barbering ____ Registered Nurse or Allied Health
 ____ FULL-TIME EMPLOYMENT VERIFICATION
 ____ EDUCATION VERIFICATION
 ____ College Transcript ____ High School Transcript ____ GED Scores

_____ 507 COLLISION REPAIR TECHNOLOGY	_____ 576 RADIO/TV BROADCASTING
_____ 508 AUTOMOTIVE TECHNOLOGY	_____ 577 HEALTH SCIENCE/OCCUPATIONS
_____ 512 AIRCRAFT MAINTENANCE	_____ 581 DIESEL EQUIP TECHNOLOGY
_____ 522 CARPENTRY	_____ 584 WELDING AND CUTTING
_____ 523 ELECTRICITY	_____ 590 LEGAL & PROTECTIVE SERVICES
_____ 524 CONCRETE/MASONRY	_____ 591 JOBS FOR TN GRADS
_____ 527 PLUMBING	_____ 594 AVIATION GROUND SCHOOL
_____ 531 DRAFTING/CAD	_____ 595 TECHNOLOGY INFRASTRUCTURE
_____ 543 GRAPHIC COMMUNICATIONS	_____ 596 MANUFACTURING TECHNOLOGY
_____ 561 COSMETOLOGY	_____ 597 ELECTRONIC MEDIA
_____ 562 CULINARY ARTS	_____ 598 HVACR
_____ 568 LEISURE CRAFT TECH	

VERIFICATION OF OCCUPATIONAL EXPERIENCE

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES.

TO BE COMPLETED BY EMPLOYER

Use this section to report occupational work experience. The information should indicate the place of work, the type of work, and the dates of work, including the hours per week. The statement must be signed by the employer and notarized. Each employer must verify own experience. In lieu of this form, the applicant may submit a signed statement on company letterhead.

Employer Signature		Date	
Street Address/PO Box		City	State Zip Code

TO BE COMPLETED BY NOTARY

State of _____ County, _____
(employer)
personally appeared before me, _____, a Notary Public in and for said County.
(name of notary)
Sworn and subscribed before me, this _____ day of _____, 20_____.

Notary Signature _____ Place Notary Seal Below